

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Oxygen Providers
Inhalation/Respiratory Therapists
Pharmacists
Home Health Agencies
Managed Care Plans

**Memorandum No: 04-19 MAA
Issued: April 20, 2004**

For Information Contact:
Toll Free: 1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

**Subject: Oxygen and Respiratory Therapy Program Billing Instructions and Fee
Schedule Updates**

Retroactive to dates of service on and after April 1, 2004, the Medical Assistance Administration (MAA) has implemented the following changes to MAA's Oxygen and Respiratory Therapy Billing Instructions

- New and deleted HCPCS* codes;
- Changes to limitations,
- Addition and deletion of Expedited Prior Authorization codes;
- A new sample fax form; and
- Place of Service code additions

New and Deleted HCPCS Codes

The Centers for Medicare and Medicaid (CMS) added and deleted HCPCS codes effective January 2004. MAA has updated its Oxygen and Respiratory Therapy Program fee schedule to reflect these changes made by CMS



Note: New HCPCS codes are designated with a “new” icon next to the code. Those HCPCS codes with a “#” symbol in the maximum allowable Rental or Purchase columns are not covered by MAA.

Changes to Limitations

The following procedure codes have changes to the limitations:

- A7005 (Administration set, with small volume nebulizer); and
- A7509 (“artificial noses”).

* HCPCS stands for Healthcare Common Procedure Coding System

Addition and Deletion of Expedited Prior Authorization Codes

Expedited Prior Authorization (EPA) Criteria: changes to the EPA criteria can be found on pages H.26 – H.28. Please note the following changes:

The **addition** of EPA#

- 870000928; and

The **deletion** of EPA#s

- 870000902;
- 870000905; and
- 870000906.

New Sample Fax Form

Included is a new sample fax form that providers may use to fax in a request for limited extension on oxygen and respiratory services. This suggested form includes all the required information; however, providers are under no obligation to use this particular form.

Place of Service Code Additions

Page K.4 reflects the corrected addition of Place of Service codes:

- 13 – Assisted living facility; and
- 99 – Other place of service.

Included are some minor corrections to the Billing Instructions Table of Contents and Important Contacts sections.

Attached are replacement pages i/ii, iii/iv, F.3/F.4, H.1-H.28, and K.3/K.4 reflecting the changes announced in this memo. You may view or download this memo and the revised fee schedule by going to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Bill MAA your usual and customary charges.

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Important Contacts

Where do I call for information to become a DSHS provider, to submit a change of address or ownership, or to ask questions about the status of a provider application?

Provider Enrollment Unit
(866) 545-0544

Where do I send my claims?

Division of Program Support
PO Box 9247
Olympia WA 98507-9247

How do I obtain copies of billing instructions or numbered memoranda?

Check out our web site at:
<http://maa.dshs.wa.gov>, Provider Publications/Fee Schedules link.

Where do I call if I have questions regarding...

Policy, payments, denials, general questions regarding claims processing, Healthy Options, or to request billing instructions?

Medical Assistance Customer Services Center (MACSC)
(800) 562-6188

Prior authorization and limitation extensions?

MAA Medical Request Coordinator
Division of Medical Management
Fax: (360) 586-1471

Private insurance or third-party liability, other than Healthy Options?

Coordination of Benefits Section
(800) 562-6136

Electronic Billing?

Electronic Media Claims Help Desk
(360) 725-1267

Internet Billing?

<http://maa.dshs.wa.gov/ecs.htm>

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Written/Fax Authorization

What is written/fax authorization?

Written or fax authorization is the paper authorization process providers must use when requesting an LE.

How do I obtain written/fax authorization?

Send or fax your request to the MAA Medical Request Coordinator (see Important Contacts).



Note: For your convenience, a sample form containing the required information is on the next page. You are not required to use this particular form.

Oxygen and Respiratory Limitation Extension

Provider Information

Name _____ DSHS Provider #: _____
Phone _____ Fax: _____

Client Information

Name _____ PIC# - - -
ie (AB-122300-SMITH-A)

Service Request Information

Date: _____

Description of service/item being requested: _____

Procedure Code: _____

What program criteria requires you to submit this special request? _____

Units Requested: _____ Length of need _____

Units used in the last three months: _____

Place of Service: _____

Medical Information

Related respiratory or medical diagnosis: Dx _____ ICD: _____

Dx _____ ICD: _____

What is the medical justification for this request?

How will approval of this request functionally benefit the client? _____

Is there a less costly alternative? What is it? Why won't it work for this client? _____

Must be attached to this request:

- **Copy of prescription**
- **Requests for heated CPAP/BiPAP humidification (for pressures less than 12) must have documentation that client failed trial with the non-heated humidification.**

Fax: **360-586-1471** or mail to: Medical Request Coordinator, MAA\DMM
PO Box 45506
Olympia, WA 98504-5506

REV 12/03

Fee Schedule

Notes About the Fee Schedule

Procedure code description: The description of each procedure code will tell you if:

- A modifier is required.
- A limit applies.
- An item/service is bundled/unbundled.



Note: New HCPCS codes are designated with a “new” icon next to the code. Those HCPCS codes with a “#” symbol in the maximum allowable Rental or Purchase columns are not covered by MAA.

Maximum Allowance: The *RENTAL* and *PURCHASE* columns indicate the maximum dollar amount or percentage of billed amount payable by MAA. Rentals are calculated on a monthly basis unless otherwise indicated. In those instances where rental is required prior to purchase, the rental price is applied towards the purchase price.

Modifiers: **You must use the appropriate modifier with the procedure code when indicated:**

Equipment Rental -	Use modifier "RR"
Equipment Purchase -	Use modifier "NU" (eff. 10/03)
Six Month Maintenance Fee -	Use modifier “MS” (for Ventilators and CPAPs only)
Second Ventilator (Backup) -	Use modifier “U2” (eff. 7/1/03)

Do Not Bill With: **Any procedure code listed in the “Do Not Bill With” column of the fee schedule is AT NO TIME allowed in combination with the primary code located in the “Procedure Code” column.**

Bill MAA your usual and customary fee (the fee you bill the general public). MAA’s payment will be either your usual and customary fee or MAA’s maximum allowable rate--whichever is lower.

Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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***HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.*

Apnea Monitor and Supplies

Apnea monitor, without recording feature.	E0618		#	#
Apnea monitor, with recording feature. Maximum of six months rental allowed. Modifier RR required.	E0619		\$280.35	
Electrodes (e.g., Apnea monitor), per pair. Purchase only. Modifier NU required. For use only when client is unable to tolerate carbon patch electrodes. Limit: 15 per month.	A4556	A4558		10.32
Lead Wires, e.g. apnea monitor per pair	A4557		#	#
Conductive paste or gel. Purchase only. Modifier NU required.	A4558	A4556		5.45
Apnea belt kit (includes 2 belts, 4 electrodes, and 4 lead wires). Purchase only. Modifier NU required. Limit: 2 per month.	E1399 w/EPA #870000904			25.92

Some policies are noted in this fee schedule for your convenience. Please refer to the narrative sections in the billing instructions for complete policy details.

Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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Continuous Positive Airway Pressure System (CPAP)

Continuous airway pressure (CPAP) device.* <ul style="list-style-type: none"> Requires results of sleep study performed in an MAA-approved sleep center. Limit: 1 unit per month, maximum of 2 months rental. Purchase required after 2 months rental. Client compliance and effectiveness must be documented prior to purchase. Modifier RR or NU required. 	E0601	K0532 E0470 E0471 E0472	\$111.15	\$1111.50
Full face mask, used with positive airway pressure device, each.	A7030		#	#
Face mask interface, replacement for full face mask, each.	A7031		#	#
Replacement cushion for nasal application device, each. Limit: 2 per year.	A7032	A7034		40.53
Replacement pillows for nasal application device, pair. Limit: 2 per year.	A7033	A7034		24.12
Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap. Limit: 2 per year.	A7034	A7032, A7033		117.64
Headgear used with positive airway pressure device. Limit: 2 per year.	A7035			39.56
Chinstrap used with positive airway pressure device. Limit: 2 per year	A7036			18.11
Tubing used with positive airway pressure device. Limit: 2 per year	A7037	A7010		40.81
Filter, disposable, used with positive airway pressure device. Limit: 2 per month	A7038			5.36

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Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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***HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.*

Continuous Positive Airway Pressure System (CPAP) (cont.)

Filter, nondisposable, used with positive airway pressure device. Limit: 2 per year.	A7039			\$15.33
Oral interface, used with positive airway pressure device, each.	A7044		#	#
Water chamber for humidifier, used with positive airway pressure device, replacement, each. Limited to 2 per year.	A7046			19.51
Humidifier, nonheated, used with positive airway pressure device.* (Must be adaptable to heated system e.g., cold starter kit. Must have trial of non-heated if pressure (cwp) is less than 12.) Purchase only. Limit: 1 per year. Modifier NU required.	E0561 K0268	E0562 K0531		106.48
Humidifier, heated, used with positive airway pressure device. (Allowed when a pressure (cwp) of greater than or equal to 12 is medically necessary. Prior authorization is required when the cwp is less than 12.) Purchase only. Limit: 1 per 3 years. Modifier NU required	E0562 K0531	E0561 K0268		266.98

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Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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Continuous Positive Airway Pressure System (CPAP) (cont.)

NEW!

Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (ie:BiPAP S).* <ul style="list-style-type: none"> • Requires results of sleep study performed in an MAA-approved sleep center when prescribed for sleep apnea. • Purchase required after maximum of 2 months rental. Client compliance and effectiveness must be documented prior to purchase. • Limit: 1 purchase per lifetime • Modifier RR or NU required. 	E0470 K0532	E0601	255.33	2,553.30
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IPPB Machines and Accessories

IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source. (Includes mouthpiece and tubing.) Rental only. Modifier RR required.	E0500	E0570	\$92.85	
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Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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***HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.*

Nebulizers and Accessories

*MAA now allows providers to bill for the rental of nebulizers when there is an expectation that the client will only need a nebulizer for short-term use. If, after 2 months of rental, the client still requires the use of a nebulizer, then the rental must be converted to purchase.

Compressor, air power source for equipment which is not self-contained or cylinder driven. Rental only. Only the following accessories may be billed with this code: A4619, A7525, E1399 w/EPA #870000903, A7006, A7007, A7008, A7010-A7012, A7014, and A7015. Modifier RR required.	E0565		51.60	
Nebulizer, with compressor. <ul style="list-style-type: none"> • Only the following accessories may be billed with this code: A7525 or A7015, A7003-A7006, A7013. • When AC/DC adapter is available for use with equipment provided, the adapter is considered included in nebulizer reimbursement. • Reimbursement includes delivery and instruction on the proper use and cleaning of the equipment. • Rental allowed for clients with expected short-term use, e.g., acute vs. chronic condition. Purchase required after 2 months of rental. • Limit: 1 per client, per 5 years. • Modifier RR or NU required. • See Expedited Prior Authorization (EPA) Section for clients not meeting Medicare diagnosis criteria. 	E0570	E0500	\$19.64*	\$196.40
Aerosol compressor, battery powered, for use with small volume nebulizer.	E0571		#	#
Aerosol compressor, adjustable pressure, light duty for intermittent use.	E0572		#	#
Ultrasonic/electronic aerosol generator with small volume nebulizer.	E0574		#	#



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Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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***HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.*

Nebulizers and Accessories (cont.)

Nebulizer, ultrasonic, large volume.	E0575		#	#
Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter.	E0580		#	#
Nebulizer, with compressor and heater.	E0585		#	#
Administration set, with small volume non-filtered pneumatic nebulizer, disposable. May only be used as a backup to A7005 Purchase only. Limit: 1 per client, per month. Modifier NU required.	A7003	A7004		2.73
Small volume nonfiltered pneumatic nebulizer, disposable. Purchase only. Limit: 3 per client, per month. Modifier NU required.	A7004	A7003, A7005		1.79
Administration set, with small volume non-filtered pneumatic nebulizer, non-disposable. Purchase only. Limit: 1 per client, per 6 months. Modifier NU required.	A7005	A7004		30.67
Administration set, with small volume filtered pneumatic nebulizer. Purchase only. Limit: 1 per client, per month. Modifier NU required. For Pentamidine administration only.	A7006			9.50
 Large volume nebulizer, disposable, unfilled, used with aerosol compressor. Limit: 10 per client per month.	A7007	A7008		4.61
 Large volume nebulizer, disposable, prefilled, used with aerosol compressor. Limit: 50 per client per month.	A7008	A7007 E1399 using EPA# 870000928		11.00
Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer.	A7009		#	#

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Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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***HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.*

Nebulizers and Accessories (cont.)

Corrugated tubing, disposable, used with large volume nebulizer, 100 feet. Purchase only. Modifier NU required. Limit: 1 per client, per month.	A7010	A7037		23.47
Corrugated tubing, nondisposable, used with large volume nebulizer, 10 feet. Purchase only. Modifier NU required. Limit: 1 per client, per year.	A7011			1.51
Water collection device, used with large volume nebulizer. (e.g., aerosol drainage bag) Only paid in conjunction with E0565. Purchase only. Modifier NU required. Limit: 8 per client, per month.	A7012			3.76
Filter, disposable, used with aerosol compressor. Only when using E0570. Purchase only. Modifier NU required. Limit: 2 per client, per month.	A7013	A7014		0.82
Filter, non-disposable, used with aerosol compressor or ultrasonic generator. Only when using E0565. Purchase only. Modifier NU required. Limit: 1 per client, per 3 months.	A7014	A7013		\$4.47
Aerosol mask, used with DME nebulizer. Purchase only. Modifier NU required. Limit: 3 per client, per month.	A7015			1.87
Face tent. Purchase only. Limit: 3 allowed per client, per month. Modifier NU required.	A4619	E1390		\$1.22
Dome and mouth piece, used with small volume ultrasonic nebulizer.	A7016		#	#
Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen.	A7017		#	#


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Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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***HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.*

Nebulizers and Accessories (cont.)

 Water, distilled, used with large volume nebulizer, 1000ml	A7018	E1399 w/EPA #870000928		.38
Nebulizer, Large Volume, Jet, Humidification for Pulmonary hydration. Limit: 10 per client, per month. Discontinued for dates of service on and after April 1, 2004 and replaced with A7007.	E1399 w/EPA #870000902			1.80
Sterile water or sterile saline. 1000 ml, used with large volume nebulizer. Limit: 50 per client, per month.	A7020 Replaced with E1399 w/EPA #870000928	A7018		2.74
"Fish" 3-5cc saline vials. Limit: 200 per client, per month.	E1399 w/EPA #870000901			.22
Saline solution per 10 ml, metered dose dispenser for use with inhalation drugs. Purchase only Limit: 72 units per month. Discontinued for dates of service on and after April 1, 2004.	A7019			.34

Some policies are noted in this fee schedule for your convenience. Please refer to the narrative sections in the billing instructions for complete policy details.

Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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***HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.*

Oxygen and Oxygen Equipment

Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing. Monthly rental only. Limit: 1 per month. Modifier RR required.	E0424	A4615- A4620, E0439, E0441- E0444, E0550, E1390	\$195.64	
Stationary compressed gas system, purchase: includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing.	E0425		#	#
Portable gaseous oxygen system, purchase; include regulator, flow meter, humidifier, cannula or mask, and tubing.	E0430		#	#
Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing. Monthly rental only. Limit: 1 per month. Modifier RR required.	E0431	A4615- A4620, E0434, E0441- E0444, E0550	36.19	
Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adapter, contents gauge, cannula or mask and tubing. Monthly rental only. Limit: 1 per month. Modifier RR required.	E0434	A4615- A4620, E0431, E0441- E0444, E0550	36.19	
Portable liquid oxygen system, purchase: includes portable container, supply reservoir, humidifier, flowmeter, contents gauge, cannula or mask, tubing, and refill adapter.	E0435		#	#

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Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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***HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.*

Oxygen and Oxygen Equipment (cont.)

Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing. Monthly rental only. Limit: 1 per month. Modifier RR required.	E0439	A4615- A4620, E0424, E0441- E0443, E0550, E1390	195.64	
Stationary liquid oxygen system, purchase; includes use of reservoir, contains indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing.	E0440		#	#
Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned). One month's supply equals one unit. This is a monthly fee. Limit: 1 per month.	E0441	E0424, E0431, E0434, E0439, E0442, E0443, E0444, E0550, E1390		155.20
Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned). One month's supply equals one unit. This is a monthly fee. Limit: 1 per month.	E0442	E0424, E0431, E0434, E0439, E0441, E0443, E0444, E1390		\$155.20
Portable oxygen contents, gaseous (for use only with portable gaseous system when no stationary gas or liquid system is used). One month's supply equals one unit. This is a monthly fee. Limit: 1 per month.	E0443	E0424, E0431, E0434, E0439, E0441, E0442, E0444		21.54

Some policies are noted in this fee schedule for your convenience. Please refer to the narrative sections in the billing instructions for complete policy details.

Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
-------------	---------------	---------------------	------------------	--------------------

****HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.**

Oxygen and Oxygen Equipment (cont.)

Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used). One month's supply equals one unit. This is a monthly fee. Limit: 1 per month.	E0444	E0424, E0431, E0434, E0439, E0441- E0443		21.54
Regulator	E1453		#	#
Stand/rack	E1355		#	#
Immersion external heater for nebulizer	E1372		#	#
Oxygen tent, excluding croup or pediatric tents.	E0455		#	#
Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate. Monthly rental only. Limit: 1 per month. Modifier RR required. (Rental includes: humidifier, if needed, cannula or mask and tubing.)	E1390	A4620, E0424, E0439, E0441, E0442, E0550	195.64	
Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	E1391		#	#
Oxygen and water vapor enriching system with heated delivery.	E1405		#	#
Oxygen and water vapor enriching system without heated delivery.	E1406		#	#

Some policies are noted in this fee schedule for your convenience. Please refer to the narrative sections in the billing instructions for complete policy details.

Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
-------------	------------	------------------	---------------	-----------------

***HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.*

Professional Services

Respiratory therapy initial home visit; patient intake and evaluation. Allowable one time following a referral, per client. Discontinued.	94799 w/EPA #870000906	94760 w/EPA #870000916 94656 w/EPA #870000915		\$38.64
Respiratory therapy home visit: subsequent, includes oximetry services.	94760 w/EPA #870000916	94656 w/EPA #870000915		31.03
Ventilator therapy initial home visit, patient intake and evaluation. Allowed one time per provider, per client.	94656 w/EPA #870000915	94760 w/EPA #870000916		51.56
Pneumocardiogram or polysomnogram (one year of age and under) service; with recording equipment. Not to be used on a routine basis. Use only when medically indicated.	94772 w/EPA #870000917			155.18

Suction Pump/Supplies

Tracheal suction catheter, closed system, for less than 72 hours of use, each.	A4609		#	#
Tracheal suction catheter, closed system, for 72 or more hours of use, each.	A4610		#	#
Tracheal suction catheter, any type, other than closed system, each. Purchase only. Limit: 150 per month for clients age 8 and older, 300 per month for clients under age 8. Modifier NU required.	A4624			\$2.62
Oropharyngeal suction catheter, each (Yankauer). Purchase only. Modifier NU required. Limit: 4 per month.	A4628			3.63

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Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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***HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.*

Suction Pump/Supplies (cont.)

Canister, disposable, used with suction pump, each. Purchase only. Modifier NU required. Limit: 5 per month for portable pump. 5 per month for stationary pump.	A7000	A7001		7.19
Canister, non-disposable, used with suction pump, each. Purchase only. Modifier NU required. Limit: 1 per year.	A7001	A7000		33.08
Tubing, used with suction pump, each. Purchase only. Modifier NU required. Limit: 15 per month.	A7002			3.81
Respiratory suction pump, home model, portable or stationary, electric. Modifier RR or NU. Limit: 2 in 5 years, one for use in the home and one for back-up or portability. Deemed purchased after 12 months rental. MAA allows payment for suction supplies, (e.g., gloves and sterile water) when billed by Durable Medical Equipment (DME) providers and pharmacists. See Important Contacts section.	E0600		45.56	455.60

Some policies are noted in this fee schedule for your convenience. Please refer to the narrative sections in the billing instructions for complete policy details.

Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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Tracheostomy Care Supplies

Transtracheal oxygen catheter, each	A4608		#	#
Tracheostomy, inner cannula (replacement only). Purchase only. Modifier NU required. Limit: 1 per client per month.	A4623	A4622		6.48
Tracheostomy care kit for new tracheostomy (includes: basin or tray, trach dressing, gauze sponges, pipe cleaners, cleaning brush, cotton tipped applicators, twill tape, drape, and sterile gloves.) Limit: 1 per client per day. Use this code for first 2 weeks only, then use A4629. Purchase only. Modifier NU required.	A4625	A4626, A4629		2.45
Tracheostomy cleaning brush, each. Purchase only. Modifier NU required. Limit: 1 per day.	A4626	A4625, A4629		\$3.16
Tracheostomy care kit for established tracheostomy (includes: basin or tray, trach dressing, gauze sponges, pipe cleaners, cleaning brush, cotton tipped applicators, twill tape, drape, and sterile gloves.) Limit: 1 per client per day. Use after the first 2 weeks. Purchase only. Modifier NU required.	A4629	A4625, A4626		2.45
Tracheostomy or laryngectomy tube. Purchase only. Modifier NU required. Limit: 4 per client per month, when trach tubes do not have removable inner cannulas 1 per client per month when trach tube has a removable inner cannula Discontinued.	A4622	A4623		56.65
Tracheostoma valve, including diaphragm, each	A7501		#	#


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Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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Tracheostomy Care Supplies (cont.)

Replacement diaphragm/faceplate for tracheostoma valve, each	A7502		#	#
Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each.	A7503		#	#
Filter for use in a tracheostoma heat and moisture exchange system, each.	A7504		#	#
Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each.	A7505		#	#
Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type, each.	A7506		#	#
Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each.	A7507		#	#
Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each.	A7508		#	#
Filter holder and integrated filter housing, and adhesive, for use as tracheostoma heat and moisture exchange system, each. (Condenser, disposable e.g., artificial nose.) Limit: 1 per day for clients age 8 and older. Limit: 3 per day for clients under age 8. Purchase only. Modifier NU required.	A7509			3.10
 Tracheostomy/ laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each. Limit per client per month: 1 if removable inner cannula or 4 per month if no removable inner cannula.	A7520			47.48





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Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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***HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.*

Tracheostomy Care Supplies (cont.)

 Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each. Limit per client per month: 1 if removable inner cannula or 4 per month if no removable inner cannula.	A7521			47.05
 Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each. Limit per client per month: 1 if removable inner cannula or 4 per month if no removable inner cannula.	A7522			45.16
Tracheostomy tube holder. Purchase only. Modifier NU required. Limit: 15 per month.	S8181 Discontinued and replaced with A7526			\$3.52
Tracheostomy mask or collar. Purchase only. Modifier NU required. Limit: 4 per month.	A4621 Discontinued and replaced with A7525			1.40
Tracheostomy shower protector, each	A7523		#	#
Tracheostoma stent/stud/button, each	A7524		#	#
 Tracheostomy mask, each Purchase only. Modifier NU required. Limit: 4 per month.	A7525			1.40
 Tracheostomy tube collar/holder, each. Limit: 15 per client per month.	A7526			3.52
Tracheostomy speaking valve Purchase only. Modifier NU required. Limit: 2 per year.	L8501			66.83


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Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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***HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.*

Ventilators and Related Respiratory Equipment



Volume ventilator, stationary or portable, with backup rate feature, used with invasive interface (e.g., tracheostomy tube). (Payment includes all necessary accessories, fittings and tubing.)* Rental only. Modifier RR required.	E0450	A4611- A4613, A4616- A4618, E0460, E0461, E0550, E0533, E0471, E0472	\$807.32	
Pressure ventilator, with pressure control, pressure support and flow triggering features.	E0454		#	#
Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask. (Intermittent assist device with continuous positive airway pressure device). (Payment includes all necessary accessories, fittings and tubing.)* Rental only. Modifier RR required.	K0533 Replaced with E0471	A4611- A4613, A4616- A4618, E0450, E0460, E0550	638.99	
 Respiratory assist device, bi-level pressure capability, with backup rate feature, used with <u>noninvasive</u> interface, e.g., nasal or facial mask. (Intermittent assist device with continuous positive airway pressure device). (Payment includes all necessary accessories, fittings and tubing.)* Rental only. Modifier RR required.	E0471	A4611- A4613, A4616- A4618, E0450, E0460, E0461, E0472 E0550	638.99	

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Description	HCPCS Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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Ventilators and Related Respiratory Equipment (cont.)

 Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube. (Intermittent assist device with continuous positive airway pressure device). Rental only. Modifier RR required.	E0472	A4611- A4613, A4616- A4618, E0450, E0460, E0461, E0471, E0550	642.17	
Negative pressure ventilator; portable or stationary. (Payment includes all necessary accessories, fittings, and tubing.)* Rental only. Modifier RR required.	E0460	A4611- A4613, A4616- A4618, E0450, E0461, E0550, K0533, E0471, E0472	729.94	
 Volume ventilator, stationary or portable, with backup rate feature, used with non-invasive interface. Rental only. Modifier RR required.	E0461	A4611- A4613, A4616- A4618, E0450, E0460, E0550, E0533, E0471, E0472	1,002.05	
Humidifier heater, with temperature monitor and alarm. (Limited to clients that are mechanically ventilated or clients that have tracheostomies and require heated humidification). Rental only. Modifier RR required.	E1399 w/EPA #870000903	E0550	181.57	

***For owned ventilators and CPAPs** – Use modifier “MS” when claiming a six-month maintenance check. Limit of one per six months allowed. Maintenance checks are paid at 50% of the rental rate. **Modifier “U2” required when claiming a secondary “backup” ventilator for the same client.**


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Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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Miscellaneous

Tape, non-water-proof, per 18 square inches.	A4450			\$.09
Tape, waterproof, per 18 square inches.	A4452			.36
Peak expiratory flow rate meter, hand held. Purchase only. Modifier NU required. Limit: 3 per client, per year.	A4614			23.66
Oximeter device for measuring blood oxygen levels non-invasively. (Complete with all necessary accessories and supplies except probes.) Rental only; price per month. Modifier RR required.	E0445		132.72	
Oximeter probe/sensor, non-disposable. Purchase only. Modifier NU required. Limit: 1 per month. Discontinued and replaced with A4606	E1399 w/EPA #870000905			179.46
Oximeter probe/sensor, disposable. Purchase only. Modifier NU required. Limit: 4 per month.	E1399 w/EPA #870000907	A4606		26.00
 Oxygen probe for use with oximeter device, replacement. Non-disposable. Purchase only. Modifier NU required. Limit: 1 per client per month.	A4606	E1399 w/EPA #870000907		179.46
Resuscitator bag; non-disposable, adult/pediatric size. Purchase only. Modifier NU required. Limit: 2 per client, per lifetime.	E1399 w/EPA #870000910	E1399 w/EPA #870000909		134.11
Resuscitator bag; disposable, adult/pediatric size. Purchase only. Modifier NU required. Limit: 2 per client, per lifetime.	E1399 w/EPA #870000909	E1399 w/EPA #870000910		50.99

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Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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***HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.*

Miscellaneous (cont.)

Non-routine replacement parts for equipment repair. For purchased equipment only. Must bill with statement of warranty coverage. See repair policy for documentation requirements.	E1399 w/EPA #870000908			BR
Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes. For purchased equipment only. Must bill actual repair cost and statement of warranty coverage, see repair policy.	E1340			17.43
Durable medical equipment, miscellaneous Prior authorization required. See "Miscellaneous Oxygen-related Durable Medical Equipment" in the Coverage section of these Billing Instructions before billing this code.	E1399			BR
Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler (e.g., Aerovent). Limit: 6 per child, per year; 3 per adult, per year.	A4627			23.70
Flutter device. Purchase only. Modifier NU required. Limit: 2 per year.	S8185			42.40
Swivel adaptor	S8186		#	#
Tracheostomy supply, not otherwise classified	S8189		#	#
Electronic spirometer (for microspirometer)	S8190		#	#
Mucus trap	S8210		#	#
Percussor, electric or pneumatic, home model. Purchase only. Modifier NU required. Limit: 1 per client, per lifetime.	E0480			437.20
Intrapulmonary percussive ventilations system and related accessories.	E0481		#	#

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Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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***HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.*

Miscellaneous (cont.)

Cough stimulating device, alternating positive and negative airway pressure. Prior authorization required. Rental only, per month. Modifier RR required. Limit: 1 per client, per lifetime. Deemed purchased after twelve months of rental.	E0482		430.02	
High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each. Rental includes vest and generator, all repairs and replacements. Manufacturer will replace vest (during either rental or purchase period) for change in user's size. Modifier RR required. Prior authorization required. Limit: 1 per client, per lifetime. Deemed purchased after twelve months of rental.	E0483		1,026.56	
Oscillatory positive expiratory pressure device, non-electric, any type, each.	E0484		#	#

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Oxygen and Respiratory Therapy Program

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Miscellaneous Equipment Reimbursed Only When Client Owns Core Equipment

Battery, heavy duty; replacement for patient-owned ventilator. (gel cell only) Purchase only. Modifier NU required. Limit: 1 per 2 years.	A4611	E0450, E0460, K0533 , E0471		\$166.16
Battery cables; replacement for patient - owned ventilator. Purchase only. Modifier NU required. Limit of 1 per 2 years.	A4612	E0450, E0460, K0533 , E0471		76.39
Battery charger; replacement for patient - owned ventilator. (gel cell only) Purchase only. Modifier NU required. Limit of 1 per 2 years.	A4613	E0450, E0460, K0533 , E0471		143.50
Cannula, nasal. For client -owned equipment. Purchase only. Modifier NU required. Limit: 2 per month.	A4615	E0424, E0431, E0434, E0439		1.84
Tubing (oxygen), per foot. For client - owned equipment. Purchase only. Modifier NU required.	A4616	E0424, E0431, E0434, E0439, E1390, E0450, E0460, K0533 , E0471		.09

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Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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Miscellaneous Equipment Reimbursed Only When Client Owns Core Equipment (cont.)

Mouthpiece. For client -owned equipment. Purchase only. Modifier NU required. Limit: 4 per month.	A4617	E0424, E0431, E0434, E0439, E0450, E0460, E1390, K0533 , E0471		1.91
Breathing circuits. For use with client -owned equipment. Purchase only. Modifier NU required. Limit: 4 per month.	A4618	E0424, E0431, E0434, E0439, E0450, E0460, E1390, K0533 , E0471		7.63
Variable concentration mask. For client-owned equipment. Purchase only. Modifier NU required. Limit: 4 per month.	A4620	E0424, E0431, E0434, E0439, E1390		\$2.58
Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery. Rental only. Modifier RR required. (Not billable when used with rented ventilator or rented oxygen equipment.) Only allowed for IPPB	E0550	A4615, E0424, E0431, E0434, E0439, E0441, E0450, K0533 , E0460, E0471, E1390, E1399 w/EPA #870000903	42.40	

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Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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Miscellaneous Equipment Reimbursed Only When Client Owns Core Equipment (cont.)

Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flow meter.	E0555		#	#
Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery.	E0560		#	#

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Expedited Prior Authorization Criteria:

Oxygen Equipment and Supplies

LAST 3 digits	Procedure Code	Criteria	Reimbursement
900	E0570	Use E0570 when billing for a Nebulizer when ALL of the following are true: 1) Diagnosis of acute bronchiolitis (466.1), OR acute bronchiolitis due to RSV (466.11), OR acute bronchitis (466.0) 2) Client has a definitive respiratory diagnosis requiring the administration of nebulized medications (MAA will not accept a diagnosis such as abnormal secretions). 3) Diagnosis justifying the use of a nebulizer is on the claim.	\$196.40
901	E1399	Use E1399 when billing for “Fish” (3cc-5cc saline vials) Limit: 200 per month.	\$0.22 each
903	E1399	Use E1399 when billing for Humidifier heater, with temperature monitor and alarm when all of the following are true: 1) Heated humidification is medically necessary <u>and</u> 2) The client is either mechanically ventilated <u>or</u> has a tracheostomy. Rental only. Modifier RR required. May not be billed in combination with E0550.	\$181.57/mo
904	E1399	Use E1399 when billing for Apnea Belt Kit (includes 2 belts, 4 electrodes, and 4 lead wires). Purchase only. Modifier NU required. Limit: 2 per month. May not be billed in combination with A4556 or A4557.	\$25.92 each
907	E1399	Use E1399 when billing for Oximeter probe\sensor, disposable. Purchase only. Modifier NU required. Limit: 4 per client per month.	\$26.00 each

Oxygen Equipment and Supplies (cont.)

LAST 3 digits	Procedure Code	Criteria	Reimbursement
908	E1399	Use E1399 when billing for Non-routine replacement parts for equipment repairs when all of the following are true: 1) Equipment is owned by the client; 2) Warranty for both equipment and parts has expired; 3) There is no evidence of malicious damage, culpable neglect or wrongful disposition of equipment; <u>and</u> 4) Documentation of above information is in the client's record.	BR
909	E1399	Resusitator bag, disposable	\$50.99
910	E1399	Resusitator bag, non disposable	\$134.11
928	E1399	Sterile water or sterile saline. 1000 ml, used with large volume nebulizer. Limit: 50 per client, per month Do not bill with A7008.	\$2.74

NEW!

Professional Services Performed by Washington State Licensed Professionals Operating Within the Scope of Their Practice

Reimbursement includes cost of taking equipment into a client's home.

915	94656	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; first day – (when the visit includes, at a minimum all of the following): <ol style="list-style-type: none"> 1) Evaluation of Access; 2) Identification Emergency exits; 3) Verification of proper electrical grounding; 4) Identification of functioning communication devices; 5) Identification of adequate lighting; 6) Preparation or evaluation of emergency plans; 7) Notification of emergency services and electricity providers; and 8) Documentation of above activities and findings. Must be performed by professional staff. Limit: 1 per client per lifetime.	\$51.56
916	94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination. Limit: 1 per 6 months (or 2 per year).	\$31.03
917	94772	Circadian respiratory pattern recording (pediatric pneumogram), 12 to 24 hour continuous recording, infant. (Not to be used on a routine basis. Use only when medically necessary.)	\$155.18

- 9d. Enter the insurance plan name or the program name (e.g., the insured's health maintenance organization, or private supplementary insurance).

Please note: DSHS, Welfare, Provider Services, Healthy Kids, First Steps, Medicare, Indian Health, PCCM, Healthy Options, PCOP, etc., are inappropriate entries for this field.

10. **Is Patient's Condition Related To:** Required. Check *yes* or *no* to indicate whether employment, auto accident or other accident involvement applies to one or more of the services described in *field 24*. ***Indicate the name of the coverage source in field 10d*** (L&I, name of insurance company, etc.).
11. **Insured's Policy Group or FECA (Federal Employees Compensation Act) Number:** Primary insurance. When applicable. This information applies to the insured person listed in *field 4*. Enter the insured's policy and/or group number and his/her social security number. The data in this field will indicate that the client has other insurance coverage and Medicaid pays as payor of last resort.
- 11a. **Insured's Date of Birth:** Primary insurance. When applicable, enter the insured's birthdate, if different from *field 3*.
- 11b. **Employer's Name or School Name:** Primary insurance. When applicable, enter the insured's employer's name or school name.

- 11c. **Insurance Plan Name or Program Name:** Primary insurance. When applicable, show the insurance plan or program name to identify the primary insurance involved. (*Note: This may or may not be associated with a group plan.*)
- 11d. **Is There Another Health Benefit Plan?:** Required if the client has secondary insurance. Indicate *yes* or *no*. If *yes*, you should have completed *fields 9a.-d*. If the client has insurance, and even if you know the insurance will not cover the service you are billing, you must check *yes*. **If 11d. is left blank, the claim may be processed and denied in error.**
19. **Reserved For Local Use - Required.** When Medicare allows services, enter *XO* to indicate this is a crossover claim.
22. **Medicaid Resubmission:** When applicable. If this billing is being resubmitted more than six (6) months from Medicare's paid date, enter the Internal Control Number (ICN) that verifies that your claim was originally submitted within the time limit. (The ICN number is the *claim number* listed on the Remittance and Status Report.) Also enter the three-digit denial Explanation of Benefits (EOB).
24. **Enter only one (1) procedure code per detail line (fields 24A - 24K).** **If you need to bill more than six (6) lines per claim, please use an additional HCFA-1500 claim form.**

24A. Date(s) of Service: Required. Enter the "from" and "to" dates using all six digits for each date. Enter the month, day, and year of service numerically (e.g., January 4, 2000 = 010400).

24B. Place of Service: Required. Enter the appropriate number below:

<u>Code Number</u>	<u>To Be Used For</u>
12	Client's residence
13	Assisted living facility
31	Skilled Nursing facility
32	Nursing facility
99	Other place of service

24C. Type of Service: No longer required.

24D. Procedures, Services or Supplies CPT/HCPCS: Required.
Coinsurance and Deductible: Enter the total combined and deductible for each service in the space to the right of the modifier on each detail line.

24E. Diagnosis Code: Enter appropriate diagnosis code for condition.

24F. \$ Charges: Required. Enter the amount you billed Medicare for the service performed. If more than one unit is being billed, the charge shown must be for the total of the units billed. Do not include dollar signs or decimals in this field. Do not add sales tax.

24G. Days or Units: For multiple quantities of supplies, enter the number of items dispensed and all of the dates or dates spanned that the supplies were used. Unless the procedure code description specifically indicates pack, cans, bottles, or other quantity, the "each" is each single item.

24K. Reserved for Local Use: Required. Use this field to show Medicare's allowed charges. Enter the Medicare's allowed charge on each detail line of the claim (see sample).

26. Your Patient's Account No.: Not required. Enter an alphanumeric ID number, for example, a medical record number or patient account number. This number will be printed on your Remittance and Status Report under the heading *Patient Account Number*.

27. Accept Assignment: *Required.* Check **yes**.

28. Total Charge: Required. Enter the sum of your charges. Do not use dollar signs or decimals in this field.

29. Amount Paid: Required. Enter the Medicare Deductible here. Enter the amount as shown on Medicare's Remittance Notice and Explanation of Benefits. If you have more than six (6) detail lines to submit, please use multiple HCFA-1500 claim forms (see field 24) and calculate the deductible based on the lines on each form. **Do not include coinsurance here.**